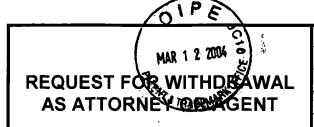
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0001/PTO Department of Commerce Rev. 10/95 Patent and Trademark Office		Application Number	10/729,621					
		Filing Date	December 5, 2003					
TRANSMITTAL FOR	First Named Inventor	John J. Thrall						
(to be used for all correspondence during pendency of filed application)		Group Art Unit Number	Unknown					
		Examiner Name	Unknown					
Total Number of Pages in This Submission	4	Attorney Docket Number	9					
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Declaration		Interferences						
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Application Data Sheet		(Appeal Notice, Brief, Reply Brief)						
Information Disclosure Statement & PTC		Certified Copy of Priority Document(s)						
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Request for Corrected Filing Receipt	Request to Withdraw as Attorney (in triplicate)							
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REMARKS:		<b>1</b>						
SIGNAŢ	URE OF	ATTORNEY OR AGEN	ŊŢ					
Signature: Laura 1	lasi	7						
Attorney/Reg. No.: Laura A. Majerus / Re	17	Dated: I	March 9	, 2004				
c	ERTIFICA	ATE OF MAILING						
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.								
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Application Number	10/729,621
Filing Date	December 5, 2003
First Named Inventor	John T. Thrall
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	23943-08269

То:	Commissioner for P.O. Box 1450 Alexandria, VA 22										
I hereby apply to withdraw as attorney or agent for the above-identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.											
The reasons for this request are:											
The client knowingly and freely assents to termination of the employment.											
•											
١.											
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2. 🛛	Change the corres	spondence address and direct all fo	uture corresp	ondence to:							
Firm <i>or</i> Individu	ual Name	Seth Ostrow									
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<ul> <li>☑ This request is made on behalf of myself and</li> <li>☐ all the attorneys/agents of record,</li> <li>☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or</li> <li>☑ the attorneys/agents associated with Customer Number 758.</li> <li>on whose behalf I have signed this request and on whose behalf I am authorized to sign. The request is enclosed in triplicate (including any attachments).</li> </ul>											
Name		Laura Majerus, Reg. No. 33,417									
Signatu	ire .	Laura Mas.									
Date		March 9, 2004									
Unless	there are at least 30	tive when approved rather than who days between approval of withdra	awal and the								